

SECTION 1 GENERAL MANUFACTURER, IMPORTER, AND PROCESSOR INFORMATION

90-890000612

PART A GENERAL REPORTING INFORMATION

89 AUG 30 AM 9:47

EPA-OTS



0006115670

1.01 This Comprehensive Assessment Information Rule (CAIR) Reporting Form has been completed in response to the Federal Register Notice of..... [1][2] [2][2] [8][8]
mo. day year

CBI

- ☐ a. If a Chemical Abstracts Service Number (CAS No.) is provided in the Federal Register, list the CAS No. [0][2][6][4][7][1]-[6][2]-[5]
- b. If a chemical substance CAS No. is not provided in the Federal Register, list either (i) the chemical name, (ii) the mixture name, or (iii) the trade name of the chemical substance as provided in the Federal Register.
- (i) Chemical name as listed in the rule NA
- (ii) Name of mixture as listed in the rule NA
- (iii) Trade name as listed in the rule NA
- c. If a chemical category is provided in the Federal Register, report the name of the category as listed in the rule, the chemical substance CAS No. you are reporting on which falls under the listed category, and the chemical name of the substance you are reporting on which falls under the listed category.
- Name of category as listed in the rule NA
- CAS No. of chemical substance [][][][][][]-[][]-[][]
- Name of chemical substance NA

1.02 Identify your reporting status under CAIR by circling the appropriate response(s).

- ☒ Manufacturer 1
- ☐ Importer 2
- ☐ Processor ③
- X/P manufacturer reporting for customer who is a processor 4
- X/P processor reporting for customer who is a processor 5

☐ Mark (X) this box if you attach a continuation sheet.

1.03 Does the substance you are reporting on have an "x/p" designation associated with it in the above-listed Federal Register Notice?

CBI

Yes 89 AUG 30 AM 9:48 ☒ Go to question 1.04

☐

No ☐ Go to question 1.05

1.04 a. Do you manufacture, import, or process the listed substance and distribute it under a trade name(s) different than that listed in the Federal Register Notice? Circle the appropriate response.

CBI

Yes 1

☐

No ②

b. Check the appropriate box below:

☒ You have chosen to notify your customers of their reporting obligations

Provide the trade name(s) REPNEU, PART "A"

SUPERFLEX, PART "A"

☐ You have chosen to report for your customers

☐ You have submitted the trade name(s) to EPA one day after the effective date of the rule in the Federal Register Notice under which you are reporting.

1.05 If you buy a trade name product and are reporting because you were notified of your reporting requirements by your trade name supplier, provide that trade name.

CBI

Trade name Rubinate TDI 80/20

☐

Is the trade name product a mixture? Circle the appropriate response.

Yes 1

No ②

1.06 Certification -- The person who is responsible for the completion of this form must sign the certification statement below:

CBI

☐ "I hereby certify that, to the best of my knowledge and belief, all information entered on this form is complete and accurate."

Roger Powell
NAME

[Signature]
SIGNATURE

6-30-89
DATE SIGNED

Vice President
TITLE

(713) 474 - 5111
TELEPHONE NO.

☐ Mark (X) this box if you attach a continuation sheet.

1.07 Exemptions From Reporting -- If you have provided EPA or another Federal agency with the required information on a CAIR Reporting Form for the listed substance within the past 3 years, and this information is current, accurate, and complete for the time period specified in the rule, then sign the certification below. You CBI ☐ are required to complete section 1 of this CAIR form and provide any information now required but not previously submitted. Provide a copy of any previous submissions along with your Section 1 submission.

"I hereby certify that, to the best of my knowledge and belief, all required information which I have not included in this CAIR Reporting Form has been submitted to EPA within the past 3 years and is current, accurate, and complete for the time period specified in the rule."

NA

NAME

TITLE

()

SIGNATURE

TELEPHONE NO.

DATE SIGNED

DATE OF PREVIOUS
SUBMISSION

1.08 CBI Certification -- If you have asserted any CBI claims in this report you must certify that the following statements truthfully and accurately apply to all of those confidentiality claims which you have asserted.

CBI ☐ "My company has taken measures to protect the confidentiality of the information, and it will continue to take these measures; the information is not, and has not been, reasonably ascertainable by other persons (other than government bodies) by using legitimate means (other than discovery based on a showing of special need in a judicial or quasi-judicial proceeding) without my company's consent; the information is not publicly available elsewhere; and disclosure of the information would cause substantial harm to my company's competitive position."

NA

NAME

TITLE

()

SIGNATURE

TELEPHONE NO.

DATE SIGNED

☐ Mark (X) this box if you attach a continuation sheet.

1.09 Facility Identification

TX 77507--
State Zip

1.10 Company Headquarters Identification

[V] [A] [2] [3] [2] [6] [1] -- [] [] [] []
State Zip

Dun & Bradstreet Number[0][6]-[5][0][7]-[8][4][9][5]

Employer ID Number[5][1][0][1][1][4][4][5]0

6

1.11 Parent Company Identification

CBI Name ☒ ERIC CARPENTER COMPANY INC
☐ Address 2400 JEFFERSON DAVIS HWY
Street
RICHMOND
City
VA 23261
State Zip
Dun & Bradstreet Number 00-310-9444

1.12 Technical Contact

CBI Name ☒ WILLIAM PEARSON
☐ Title PLANT MANAGER
Address 11002 CHATEAU ROAD
Street
PASADENA
City
TX 77507
State Zip
Telephone Number 713-474-5111

1.13 This reporting year is from 01 88 to 12 88
Mo. Year Mo. Year

☐ Mark (X) this box if you attach a continuation sheet.

CBI

Name of Seller []
[][] Mailing Address []

Street
[]
City
State Zip
Employer ID Number [][][][][][][][][]
Date of Sale [][] [][] [][]

Mo. Day Year

Contact Person []
Telephone Number [][][]-[][][]-[][][][]

NA

[illegible]

8

1.16 For each classification listed below, state the quantity of the listed substance that was manufactured, imported, or processed at your facility during the reporting year.

CBI

☐

Classification

Quantity (kg/yr)

Manufactured 0

Imported 0

Processed (include quantity repackaged) 41,437

Of that quantity manufactured or imported, report that quantity:

In storage at the beginning of the reporting year NA

For on-site use or processing NA

For direct commercial distribution (including export) NA

In storage at the end of the reporting year NA

Of that quantity processed, report that quantity:

In storage at the beginning of the reporting year 18,095

Processed as a reactant (chemical producer) 141,437

Processed as a formulation component (mixture producer) 0

Processed as an article component (article producer) 0

Repackaged (including export) 0

In storage at the end of the reporting year 16,248

☐ Mark (X) this box if you attach a continuation sheet.

1.17 Mixture -- If the listed substance on which you are required to report is a mixture or a component of a mixture, provide the following information for each component chemical. (If the mixture composition is variable, report an average percentage of each component chemical for all formulations.)

[]

| Component Name | Supplier Name | Average % Composition by Weight (specify precision, e.g., 45% \pm 0.5%) |
|----------------|---------------|---|
| NA | NA | NA |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 100% |

10

2.04 State the quantity of the listed substance that your facility manufactured, imported, or processed during the 3 corporate fiscal years preceding the reporting year in descending order.

CBI

| | | | | |
|--------------------------|-----------------------------|---------|--------|----|
| <input type="checkbox"/> | Year ending | [1][2] | [8][7] | |
| | | Mo. | Year | |
| | Quantity manufactured | NA | | kg |
| | Quantity imported | NA | | kg |
| | Quantity processed | 127,244 | | kg |
| | Year ending | [1][2] | [8][6] | |
| | | Mo. | Year | |
| | Quantity manufactured | NA | | kg |
| | Quantity imported | NA | | kg |
| | Quantity processed | 170,912 | | kg |
| | Year ending | [1][2] | [8][5] | |
| | | Mo. | Year | |
| | Quantity manufactured | NA | | kg |
| | Quantity imported | NA | | kg |
| | Quantity processed | 148,082 | | kg |

2.05 Specify the manner in which you manufactured the listed substance. Circle all appropriate process types.

CBI

| | | | |
|--------------------------|------------------------------|----|---|
| <input type="checkbox"/> | | NA | |
| | Continuous process | | 1 |
| | Semicontinuous process | NA | 2 |
| | Batch process | NA | 3 |

☐ Mark (X) this box if you attach a continuation sheet.

2.06 Specify the manner in which you processed the listed substance. Circle all appropriate process types.

- ☐ Continuous process 1
- ☐ Semicontinuous process 2
- ☐ Batch process ③

2.07 State your facility's name-plate capacity for manufacturing or processing the listed substance. (If you are a batch manufacturer or batch processor, do not answer this question.)

NA

- ☐ Manufacturing capacity kg/yr
- ☐ Processing capacity kg/yr

2.08 If you intend to increase or decrease the quantity of the listed substance manufactured, imported, or processed at any time after your current corporate fiscal year, estimate the increase or decrease based upon the reporting year's production volume.

| <input type="checkbox"/> | Manufacturing Quantity (kg) | Importing Quantity (kg) | Processing Quantity (kg) |
|--------------------------|--------------------------------|----------------------------|-----------------------------|
| Amount of increase | NA | NA | 0 |
| Amount of decrease | NA | NA | 0 |

☐ Mark (X) this box if you attach a continuation sheet.

2.09 For the three largest volume manufacturing or processing process types involving the listed substance, specify the number of days you manufactured or processed the listed substance during the reporting year. Also specify the average number of hours per day each process type was operated. (If only one or two operations are involved, list those.)

CBI

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Days/Year Average Hours/Day

Process Type #1 (The process type involving the largest quantity of the listed substance.)

| | | |
|--------------------|-----------|-----------|
| Manufactured | <u>NA</u> | <u>NA</u> |
| Processed | <u>52</u> | <u>8</u> |

Process Type #2 (The process type involving the 2nd largest quantity of the listed substance.)

| | | |
|--------------------|-----------|-----------|
| Manufactured | <u>NA</u> | <u>NA</u> |
| Processed | <u>NA</u> | <u>NA</u> |

Process Type #3 (The process type involving the 3rd largest quantity of the listed substance.)

| | | |
|--------------------|-----------|-----------|
| Manufactured | <u>NA</u> | <u>NA</u> |
| Processed | <u>NA</u> | <u>NA</u> |

~~2.10~~ State the maximum daily inventory and average monthly inventory of the listed substance that was stored on-site during the reporting year in the form of a bulk chemical.

CBI

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| | | |
|---------------------------------|-------|----|
| Maximum daily inventory | _____ | kg |
| Average monthly inventory | _____ | kg |

☐ Mark (X) this box if you attach a continuation sheet.

2.11 Related Product Types -- List any byproducts, coproducts, or impurities present with the listed substance in concentrations greater than 0.1 percent as it is manufactured, imported, or processed. The source of byproducts, coproducts, or impurities means the source from which the byproducts, coproducts, or impurities are made or introduced into the product (e.g., carryover from raw material, reaction product, etc.).

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| <u>CAS No.</u> | <u>Chemical Name</u> | <u>Byproduct, Coproduct or Impurity¹</u> | <u>Concentration (%) (specify \pm % precision)</u> | <u>Source of By-products, Coproducts, or Impurities</u> |
|----------------|----------------------|---|---|---|
| <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> |

¹Use the following codes to designate byproduct, coproduct, or impurity:

B = Byproduct
C = Coproduct
I = Impurity

☐ Mark (X) this box if you attach a continuation sheet.

- 2.12 Existing Product Types -- List all existing product types which you manufactured, imported, or processed using the listed substance during the reporting year. List the quantity of listed substance you use for each product type as a percentage of the total volume of listed substance used during the reporting year. Also list the quantity of listed substance used captively on-site as a percentage of the value listed under column b., and the types of end-users for each product type. (Refer to ☐ the instructions for further explanation and an example.)

| a. | b. | c. | d. |
|----------------------------|---|--|--------------------------------|
| Product Types ¹ | % of Quantity Manufactured, Imported, or Processed | % of Quantity Used Captively On-Site | Type of End-Users ² |
| L | 100 | 62.6 | I |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

¹Use the following codes to designate product types:

| | |
|--|---|
| A = Solvent | L = Moldable/Castable/Rubber and additives |
| B = Synthetic reactant | M = Plasticizer |
| C = Catalyst/Initiator/Accelerator/ Sensitizer | N = Dye/Pigment/Colorant/Ink and additives |
| D = Inhibitor/Stabilizer/Scavenger/ Antioxidant | O = Photographic/Reprographic chemical and additives |
| E = Analytical reagent | P = Electrodeposition/Plating chemicals |
| F = Chelator/Coagulant/Sequestrant | Q = Fuel and fuel additives |
| G = Cleanser/Detergent/Degreaser | R = Explosive chemicals and additives |
| H = Lubricant/Friction modifier/Antiwear agent | S = Fragrance/Flavor chemicals |
| I = Surfactant/Emulsifier | T = Pollution control chemicals |
| J = Flame retardant | U = Functional fluids and additives |
| K = Coating/Binder/Adhesive and additives | V = Metal alloy and additives |
| | W = Rheological modifier |
| | X = Other (specify) _____ |

²Use the following codes to designate the type of end-users:

| | |
|-----------------|---------------------------|
| I = Industrial | CS = Consumer |
| CM = Commercial | H = Other (specify) _____ |

☐ Mark (X) this box if you attach a continuation sheet.

- 2.13 Expected Product Types -- Identify all product types which you expect to manufacture, import, or process using the listed substance at any time after your current corporate fiscal year. For each use, specify the quantity you expect to manufacture, import, or process for each use as a percentage of the total volume of listed substance used during the reporting year. Also list the quantity of listed substance used captively on-site as a percentage of the value listed under column b., and the types of end-users for each product type. (Refer to the instructions for further explanation and an example.)

CBI

☐

| a. | b. | c. | d. |
|----------------------------|--|--------------------------------------|--------------------------------|
| Product Types ¹ | % of Quantity Manufactured, Imported, or Processed | % of Quantity Used Captively On-Site | Type of End-Users ² |
| L | 100 | 62.6 | I |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

¹Use the following codes to designate product types:

| | |
|--|--|
| A = Solvent | L = Moldable/Castable/Rubber and additives |
| B = Synthetic reactant | M = Plasticizer |
| C = Catalyst/Initiator/Accelerator/Sensitizer | N = Dye/Pigment/Colorant/Ink and additives |
| D = Inhibitor/Stabilizer/Scavenger/Antioxidant | O = Photographic/Reprographic chemical and additives |
| E = Analytical reagent | P = Electrodeposition/Plating chemicals |
| F = Chelator/Coagulant/Sequestrant | Q = Fuel and fuel additives |
| G = Cleanser/Detergent/Degreaser | R = Explosive chemicals and additives |
| H = Lubricant/Friction modifier/Antiwear agent | S = Fragrance/Flavor chemicals |
| I = Surfactant/Emulsifier | T = Pollution control chemicals |
| J = Flame retardant | U = Functional fluids and additives |
| K = Coating/Binder/Adhesive and additives | V = Metal alloy and additives |
| | W = Rheological modifier |
| | X = Other (specify) _____ |

²Use the following codes to designate the type of end-users:

| | |
|-----------------|---------------------------|
| I = Industrial | CS = Consumer |
| CM = Commercial | H = Other (specify) _____ |

☐ Mark (X) this box if you attach a continuation sheet.

2.14 Final Product -- Complete the following table for each type of final product CBI manufactured, imported, or processed at your facility that contains the listed substance other than as an impurity.

☐

| a. | b. | c. | d. |
|---------------------------|--|--|--------------------------------|
| Product Type ¹ | Final Product's Physical Form ² | Average % Composition of Listed Substance in Final Product | Type of End-Users ³ |
| L | B | 3.7 | I |
| | | | |
| | | | |
| | | | |
| | | | |

¹Use the following codes to designate product types:

| | |
|--|---|
| A = Solvent | L = Moldable/Castable/Rubber and additives |
| B = Synthetic reactant | M = Plasticizer |
| C = Catalyst/Initiator/Accelerator/ Sensitizer | N = Dye/Pigment/Colorant/Ink and additives |
| D = Inhibitor/Stabilizer/Scavenger/ Antioxidant | O = Photographic/Reprographic chemical and additives |
| E = Analytical reagent | P = Electrodeposition/Plating chemicals |
| F = Chelator/Coagulant/Sequestrant | Q = Fuel and fuel additives |
| G = Cleanser/Detergent/Degreaser | R = Explosive chemicals and additives |
| H = Lubricant/Friction modifier/Antiwear agent | S = Fragrance/Flavor chemicals |
| I = Surfactant/Emulsifier | T = Pollution control chemicals |
| J = Flame retardant | U = Functional fluids and additives |
| K = Coating/Binder/Adhesive and additives | V = Metal alloy and additives |
| | W = Rheological modifier |
| | X = Other (specify) _____ |

²Use the following codes to designate the final product's physical form:

| | |
|----------------------|---------------------------|
| A = Gas | F2 = Crystalline solid |
| B = Liquid | F3 = Granules |
| C = Aqueous solution | F4 = Other solid |
| D = Paste | G = Gel |
| E = Slurry | H = Other (specify) _____ |
| F1 = Powder | |

³Use the following codes to designate the type of end-users:

| | |
|-----------------|---------------------------|
| I = Industrial | CS = Consumer |
| CM = Commercial | H = Other (specify) _____ |

☐ Mark (X) this box if you attach a continuation sheet.

2.15 Circle all applicable modes of transportation used to deliver bulk shipments of the
CBI listed substance to off-site customers.

NA

- ☐ Truck 1
Railcar 2
Barge, Vessel 3
Pipeline 4
Plane 5
Other (specify) _____ 6

2.16 Customer Use -- Estimate the quantity of the listed substance used by your customers
or prepared by your customers during the reporting year for use under each category
CBI of end use listed (i-iv).

☐

Category of End Use

i. Industrial Products

Chemical or mixture 52,897 kg/yr

Article NA kg/yr

ii. Commercial Products

Chemical or mixture NA kg/yr

Article NA kg/yr

iii. Consumer Products

Chemical or mixture NA kg/yr

Article NA kg/yr

iv. Other

Distribution (excluding export) NA kg/yr

Export NA kg/yr

Quantity of substance consumed as reactant NA kg/yr

Unknown customer uses NA kg/yr

☐ Mark (X) this box if you attach a continuation sheet.

SECTION 3 PROCESSOR RAW MATERIAL IDENTIFICATION

PART A GENERAL DATA

3.01 Specify the quantity purchased and the average price paid for the listed substance for each major source of supply listed. Product trades are treated as purchases.
CBI The average price is the market value of the product that was traded for the listed substance.

☐

| <u>Source of Supply</u> | <u>Quantity (kg)</u> | <u>Average Price (\$/kg)</u> |
|--|--------------------------|----------------------------------|
| The listed substance was manufactured on-site. | <u>NA</u> | <u>NA</u> |
| The listed substance was transferred from a different company site. | <u>NA</u> | <u>NA</u> |
| The listed substance was purchased directly from a manufacturer or importer. | <u>141,437</u> | <u>2.37</u> |
| The listed substance was purchased from a distributor or repackager. | <u>NA</u> | <u>NA</u> |
| The listed substance was purchased from a mixture producer. | <u>NA</u> | <u>NA</u> |

3.02 Circle all applicable modes of transportation used to deliver the listed substance to your facility.

☐

- Truck ①
- Railcar 2
- Barge, Vessel 3
- Pipeline 4
- Plane 5
- Other (specify) _____ 6

☐

Mark (X) this box if you attach a continuation sheet.

3.03 a. Circle all applicable containers used to transport the listed substance to your facility.
CBI

☐

Bags 1
Boxes 2
Free standing tank cylinders 3
Tank rail cars 4
Hopper cars 5
Tank trucks ⑥
Hopper trucks 7
Drums 8
Pipeline 9
Other (specify) _____ 10

b. If the listed substance is transported in pressurized tank cylinders, tank rail cars, or tank trucks, state the pressure of the tanks.

Tank cylinders NA mmHg
Tank rail cars NA mmHg
Tank trucks NA mmHg

☐ Mark (X) this box if you attach a continuation sheet.

PART B RAW MATERIAL IN THE FORM OF A MIXTURE

3.04 If you obtain the listed substance in the form of a mixture, list the trade name(s) of the mixture, the name of its supplier(s) or manufacturer(s), an estimate of the average percent composition by weight of the listed substance in the mixture, and the amount of mixture processed during the reporting year.

CBI

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| <u>Trade Name</u> | <u>Supplier or Manufacturer</u> | <u>Average % Composition by Weight (specify \pm % precision)</u> | <u>Amount Processed (kg/yr)</u> |
|-------------------|---------------------------------|---|---------------------------------|
| <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| <u> </u> | <u> </u> | <u> </u> | <u> </u> |

☐ Mark (X) this box if you attach a continuation sheet.

PART C RAW MATERIAL VOLUME

3.05 State the quantity of the listed substance used as a raw material during the reporting year in the form of a class I chemical, class II chemical, or polymer, and the percent composition, by weight, of the listed substance.

☐

| | Quantity Used (kg/yr) | % Composition by Weight of Listed Sub- stance in Raw Material (specify \pm % precision) |
|-------------------|--------------------------|--|
| Class I chemical | 141,437 | 100 |
| | | |
| | | |
| Class II chemical | NA | NA |
| | | |
| | | |
| Polymer | NA | NA |
| | | |
| | | |

☐ Mark (X) this box if you attach a continuation sheet.

SECTION 4 PHYSICAL/CHEMICAL PROPERTIES

General Instructions:

If you are reporting on a mixture as defined in the glossary, reply to questions in Section 4 that are inappropriate to mixtures by stating "NA -- mixture."

For questions 4.06-4.15, if you possess any hazard warning statement, label, MSDS, or other notice that addresses the information requested, you may submit a copy or reasonable facsimile in lieu of answering those questions which it addresses.

PART A PHYSICAL/CHEMICAL DATA SUMMARY

- 4.01 Specify the percent purity for the three major¹ technical grade(s) of the listed substance as it is manufactured, imported, or processed. Measure the purity of the substance in the final product form for manufacturing activities, at the time you import the substance, or at the point you begin to process the substance.

CBI

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| | <u>Manufacture</u> | <u>Import</u> | <u>Process</u> |
|--------------------|--------------------|--------------------|----------------------|
| Technical grade #1 | <u>NA</u> % purity | <u>NA</u> % purity | <u>99.7</u> % purity |
| Technical grade #2 | <u>NA</u> % purity | <u>NA</u> % purity | <u>NA</u> % purity |
| Technical grade #3 | <u>NA</u> % purity | <u>NA</u> % purity | <u>NA</u> % purity |

¹Major = Greatest quantity of listed substance manufactured, imported or processed.

- 4.02 Submit your most recently updated Material Safety Data Sheet (MSDS) for the listed substance, and for every formulation containing the listed substance. If you possess an MSDS that you developed and an MSDS developed by a different source, submit your version. Indicate whether at least one MSDS has been submitted by circling the appropriate response.

Yes (1)

No 2

Indicate whether the MSDS was developed by your company or by a different source.

Your company 1

Another source (2)

☐ Mark (X) this box if you attach a continuation sheet.

4.03 Submit a copy or reasonable facsimile of any hazard information (other than an MSDS) that is provided to your customers/users regarding the listed substance or any formulation containing the listed substance. Indicate whether this information has been submitted by circling the appropriate response.

Yes (1)

No 2

4.04 For each activity that uses the listed substance, circle all the applicable number(s) corresponding to each physical state of the listed substance during the activity listed. Physical states for importing and processing activities are determined at the time you import or begin to process the listed substance. Physical states for manufacturing, storage, disposal and transport activities are determined using the final state of the product.

CBI

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| Activity | Physical State | | | | |
|----------------|----------------|--------|--------|---------------|-----|
| | Solid | Slurry | Liquid | Liquified Gas | Gas |
| Manufacture NA | 1 | 2 | 3 | 4 | 5 |
| Import NA | 1 | 2 | 3 | 4 | 5 |
| Process | 1 | 2 | (3) | 4 | 5 |
| Store | 1 | 2 | (3) | 4 | 5 |
| Dispose NA | 1 | 2 | 3 | 4 | 5 |
| Transport | 1 | 2 | (3) | 4 | 5 |

[] Mark (X) this box if you attach a continuation sheet.

4.05 Particle Size -- If the listed substance exists in particulate form during any of the following activities, indicate for each applicable physical state the size and the percentage distribution of the listed substance by activity. Do not include particles ≥ 10 microns in diameter. Measure the physical state and particle sizes for importing and processing activities at the time you import or begin to process the listed substance. Measure the physical state and particle sizes for manufacturing storage, disposal and transport activities using the final state of the product.

CBI

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| Physical State | | Manufacture | Import | Process | Store | Dispose | Transport |
|----------------|------------------|-------------|-----------|-----------|-----------|-----------|-----------|
| Dust | <1 micron | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| | 1 to <5 microns | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| | 5 to <10 microns | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| Powder | <1 micron | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| | 1 to <5 microns | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| | 5 to <10 microns | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| Fiber | <1 micron | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| | 1 to <5 microns | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| | 5 to <10 microns | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| Aerosol | <1 micron | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| | 1 to <5 microns | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| | 5 to <10 microns | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> |

☐ Mark (X) this box if you attach a continuation sheet.

SECTION 5 ENVIRONMENTAL FATE

PART A RATE CONSTANTS AND TRANSFORMATION PRODUCTS

5.01 Indicate the rate constants for the following transformation processes.

a. Photolysis:

Absorption spectrum coefficient (peak) UK (1/M cm) at UK nm

Reaction quantum yield, ϕ UK at _____ nm

Direct photolysis rate constant, k_p , at ... UK 1/hr _____ latitude

b. Oxidation constants at 25°C:

For 1O_2 (singlet oxygen), k_{ox} UK 1/M hr

For RO_2 (peroxy radical), k_{ox} UK 1/M hr

c. Five-day biochemical oxygen demand, BOD_5 ... UK mg/l

d. Biotransformation rate constant:

For bacterial transformation in water, k_b ... UK 1/hr

Specify culture UK

e. Hydrolysis rate constants:

For base-promoted process, k_B UK 1/M hr

For acid-promoted process, k_A UK 1/M hr

For neutral process, k_N UK 1/hr

f. Chemical reduction rate (specify conditions) UK

g. Other (such as spontaneous degradation) ... UK

☐ Mark (X) this box if you attach a continuation sheet.

PART B PARTITION COEFFICIENTS

5.02 a. Specify the half-life of the listed substance in the following media.

| <u>Media</u> | <u>Half-life (specify units)</u> |
|---------------|----------------------------------|
| Groundwater | <u>UK</u> |
| Atmosphere | <u>UK</u> |
| Surface water | <u>UK</u> |
| Soil | <u>UK</u> |

b. Identify the listed substance's known transformation products that have a half-life greater than 24 hours.

| <u>CAS No.</u> | <u>Name</u> | <u>Half-life (specify units)</u> | <u>Media</u> |
|-----------------------------|-----------------------------|----------------------------------|--------------------------------|
| <u>UK</u> | <u>UK</u> | <u>UK</u> | in <u> </u> |
| <u> </u> | <u> </u> | <u> </u> | in <u> </u> |
| <u> </u> | <u> </u> | <u> </u> | in <u> </u> |
| <u> </u> | <u> </u> | <u> </u> | in <u> </u> |

5.03 Specify the octanol-water partition coefficient, K_{ow} ... UK at 25°C
 Method of calculation or determination

5.04 Specify the soil-water partition coefficient, K_d UK at 25°C
 Soil type

5.05 Specify the organic carbon-water partition coefficient, K_{oc} UK at 25°C

5.06 Specify the Henry's Law Constant, H UK atm-m³/mole

☐ Mark (X) this box if you attach a continuation sheet.

5.07 List the bioconcentration factor (BCF) of the listed substance, the species for which it was determined, and the type of test used in deriving the BCF.

| <u>Bioconcentration Factor</u> | <u>Species</u> | <u>Test</u> ¹ |
|--------------------------------|----------------|--------------------------|
| UK | UK | UK |
| | | |
| | | |

¹Use the following codes to designate the type of test:

F = Flowthrough
S = Static

☐ Mark (X) this box if you attach a continuation sheet.

~~6.04~~
CBI

For each market listed below, state the quantity sold and the total sales value of the listed substance sold or transferred in bulk during the reporting year.

☐

| <u>Market</u> | <u>Quantity Sold or Transferred (kg/yr)</u> | <u>Total Sales Value (\$/yr)</u> |
|--|---|----------------------------------|
| Retail sales | _____ | _____ |
| Distribution -- Wholesalers | _____ | _____ |
| Distribution -- Retailers | _____ | _____ |
| Intra-company transfer | _____ | _____ |
| Repackagers | _____ | _____ |
| Mixture producers | _____ | _____ |
| Article producers | _____ | _____ |
| Other chemical manufacturers or processors | _____ | _____ |
| Exporters | _____ | _____ |
| Other (specify) | _____ | _____ |
| _____ | _____ | _____ |

6.05 Substitutes -- List all known commercially feasible substitutes that you know exist for the listed substance and state the cost of each substitute. A commercially feasible substitute is one which is economically and technologically feasible to use in your current operation, and which results in a final product with comparable performance in its end uses.

CBI

☐

| <u>Substitute</u> | <u>Cost (\$/kg)</u> |
|-------------------|---------------------|
| UK | UK |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

☐ Mark (X) this box if you attach a continuation sheet.

SECTION 7 MANUFACTURING AND PROCESSING INFORMATION

General Instructions:

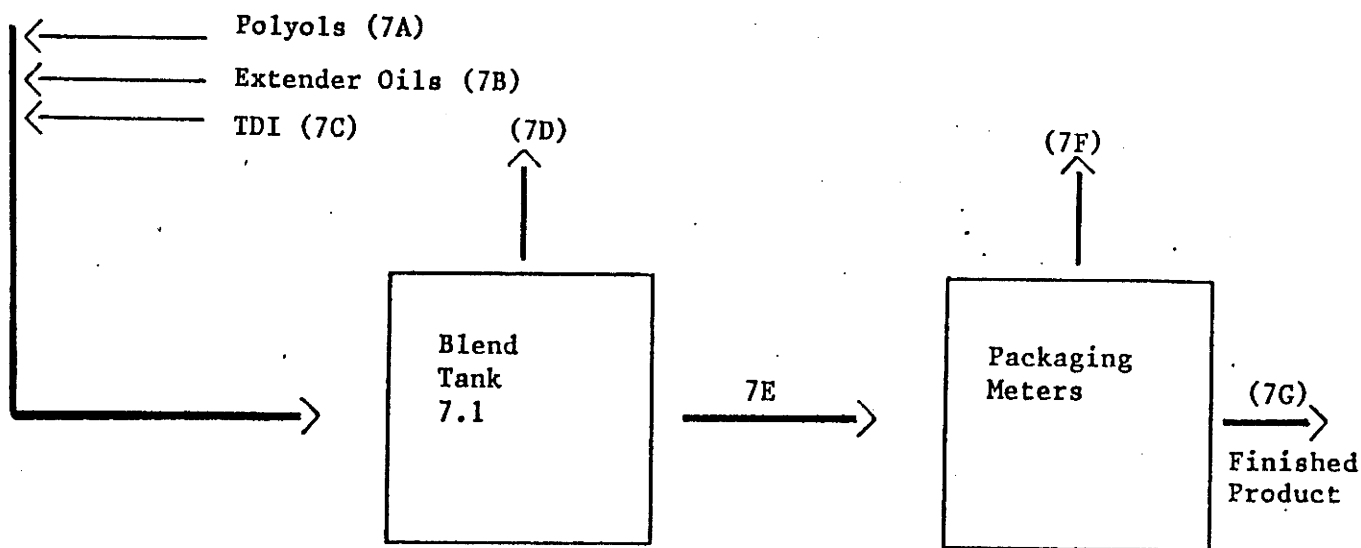
For questions 7.04-7.06, provide a separate response for each process block flow diagram provided in questions 7.01, 7.02, and 7.03. Identify the process type from which the information is extracted.

PART A MANUFACTURING AND PROCESSING PROCESS TYPE DESCRIPTION

7.01 In accordance with the instructions, provide a process block flow diagram showing the major (greatest volume) process type involving the listed substance.

CBI

☐ Process type LIQUID CHEMICAL BLENDING PROCESS

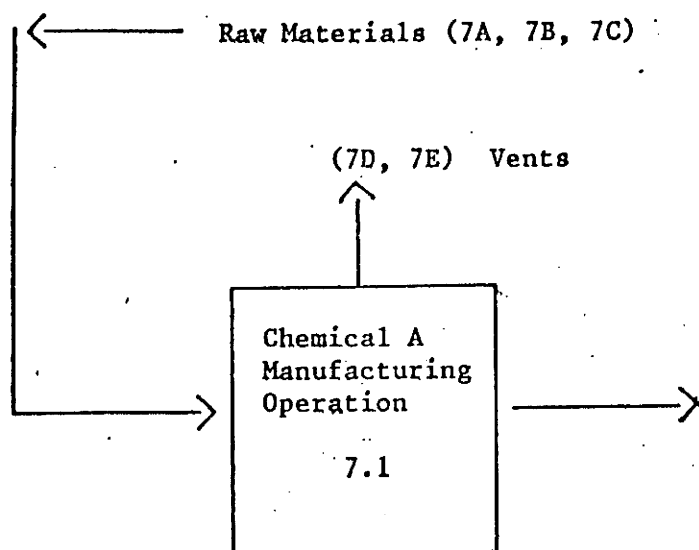


☐ Mark (X) this box if you attach a continuation sheet.

7.03 In accordance with the instructions, provide a process block flow diagram showing all process emission streams and emission points that contain the listed substance and which, if combined, would total at least 90 percent of all facility emissions if not treated before emission into the environment. If all such emissions are released from one process type, provide a process block flow diagram using the instructions for question 7.01. If all such emissions are released from more than one process type, provide a process block flow diagram showing each process type as a separate block.

CBI

☐ Process type LIQUID CHEMICAL BLENDING PROCESS



☐ Mark (X) this box if you attach a continuation sheet.

7.04 Describe the typical equipment types for each unit operation identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type.

CBI

☐ Process type LIQUID CHEMICAL BLENDING PROCESS

| Unit Operation ID Number | Typical Equipment Type | Operating Temperature Range (°C) | Operating Pressure Range (mm Hg) | Vessel Composition |
|-----------------------------------|------------------------------|--|--|-----------------------|
| <u>7.1</u> | <u>MILD STEEL TANK</u> | <u>AMBIENT</u> | <u>APPROX. 764 mmHg</u> <u>OR SLIGHTLY OVER</u> <u>ATMOSPHERIC</u> | <u>STEEL</u> |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

☐ Mark (X) this box if you attach a continuation sheet.

7.05 Describe each process stream identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type.

CBI

☐ Process type LIQUID CHEMICAL BLENDING PROCESS

| Process Stream ID Code | Process Stream Description | Physical State ¹ | Stream Flow (kg/yr) |
|------------------------|----------------------------|-----------------------------|---------------------|
| <u>7D</u> | <u>BLEND TANK</u> | <u>GU</u> | <u>0.025</u> |
| <u>7F</u> | <u>PACKAGING</u> | <u>GU</u> | <u>0.01</u> |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

¹Use the following codes to designate the physical state for each process stream:

- GC = Gas (condensable at ambient temperature and pressure)
- GU = Gas (uncondensable at ambient temperature and pressure)
- SO = Solid
- SY = Sludge or slurry
- AL = Aqueous liquid
- OL = Organic liquid
- IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

☐ Mark (X) this box if you attach a continuation sheet.

7.06 Characterize each process stream identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type. (Refer to the CBI instructions for further explanation and an example.)

☐ Process type LIQUID CHEMICAL BLENDING PROCESS

| a. | b. | c. | d. | e. |
|------------------------|------------------------------|--|--------------------------|-------------------------------------|
| Process Stream ID Code | Known Compounds ¹ | Concentrations ^{2,3} (% or ppm) | Other Expected Compounds | Estimated Concentrations (% or ppm) |
| <u>7D</u> | <u>NITROGEN</u> | <u>99.9% (E)</u> | <u>NA</u> | <u>NA</u> |
| | <u>TDI</u> | <u><0.1% (E)</u> | <u>NA</u> | <u>NA</u> |
| | <u>EXTENDER OILS</u> | <u>.01 PPM (E)</u> | <u>NA</u> | <u>NA</u> |
| | <u>POLYOL</u> | <u>.01 PPM (E)</u> | <u>NA</u> | <u>NA</u> |
| <u>7F</u> | <u>NITROGEN</u> | <u>99.9% (E)</u> | <u>NA</u> | <u>NA</u> |
| | <u>TDI</u> | <u><0.1% (E)</u> | <u>NA</u> | <u>NA</u> |
| | <u>EXTENDER OILS</u> | <u>.01 PPM (E)</u> | <u>NA</u> | <u>NA</u> |
| | <u>POLYOL</u> | <u>.01 PPM (E)</u> | <u>NA</u> | <u>NA</u> |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

7.06 continued below

☐ Mark (X) this box if you attach a continuation sheet.

7.06 (continued)

¹For each additive package introduced into a process stream, specify the compounds that are present in each additive package, and the concentration of each component. Assign an additive package number to each additive package and list this number in column b. (Refer to the instructions for further explanation and an example. Refer to the glossary for the definition of additive package.)

| Additive Package Number | Components of Additive Package | Concentrations (% or ppm) |
|----------------------------|-----------------------------------|------------------------------|
| <u>1</u> | <u>NA</u> | <u>NA</u> |
| | | |
| | | |
| <u>2</u> | | |
| | | |
| | | |
| <u>3</u> | | |
| | | |
| | | |
| <u>4</u> | | |
| | | |
| | | |
| <u>5</u> | | |
| | | |
| | | |

²Use the following codes to designate how the concentration was determined:

A = Analytical result
E = Engineering judgement/calculation

³Use the following codes to designate how the concentration was measured:

V = Volume
W = Weight

☐ Mark (X) this box if you attach a continuation sheet.

PART A RESIDUAL TREATMENT PROCESS DESCRIPTION

8.01 In accordance with the instructions, provide a residual treatment block flow diagram which describes the treatment process used for residuals identified in question 7.01.

CBI

☐ Process type LIQUID CHEMICAL BLENDING PROCESS

NOTE: OUR BLENDING PROCESS DOES NOT GENERATE RESIDUALS.

☐ Mark (X) this box if you attach a continuation sheet.

PART B RESIDUAL GENERATION AND CHARACTERIZATION

8.05 Characterize each process stream identified in your residual treatment block flow diagram(s). If a residual treatment block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type. (Refer to the instructions for further explanation and an example.)

[] Process type LIQUID CHEMICAL BLENDING PROCESS

[illegible]

8.05 continued below

☐ Mark (X) this box if you attach a continuation sheet.

8.05 (continued)

¹Use the following codes to designate the type of hazardous waste:

I = Ignitable
C = Corrosive
R = Reactive
E = EP toxic
T = Toxic
H = Acutely hazardous

²Use the following codes to designate the physical state of the residual:

GC = Gas (condensable at ambient temperature and pressure)
GU = Gas (uncondensable at ambient temperature and pressure)
SO = Solid
SY = Sludge or slurry
AL = Aqueous liquid
OL = Organic liquid
IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

8.05 continued below

☐ Mark (X) this box if you attach a continuation sheet.

8.05 (continued)

³For each additive package introduced into a process stream, specify the compounds that are present in each additive package, and the concentration of each component. Assign an additive package number to each additive package and list this number in column d. (Refer to the instructions for further explanation and an example. Refer to the glossary for the definition of additive package.)

| Additive Package Number | Components of Additive Package | Concentrations (% or ppm) |
|----------------------------|-----------------------------------|------------------------------|
| <u>1</u> | <u>NA</u> | <u>NA</u> |
| | | |
| | | |
| <u>2</u> | | |
| | | |
| | | |
| <u>3</u> | | |
| | | |
| | | |
| <u>4</u> | | |
| | | |
| | | |
| <u>5</u> | | |
| | | |
| | | |

⁴Use the following codes to designate how the concentration was determined:

A = Analytical result
E = Engineering judgement/calculation

8.05 continued below

☐ Mark (X) this box if you attach a continuation sheet.

8.05 (continued)

⁵Use the following codes to designate how the concentration was measured:

V = Volume

W = Weight

⁶Specify the analytical test methods used and their detection limits in the table below. Assign a code to each test method used and list those codes in column e.

| <u>Code</u> | <u>Method</u> | <u>Detection Limit</u> <u>(± ug/l)</u> |
|-------------|---------------|---|
| <u>1</u> | <u>NA</u> | <u>NA</u> |
| <u>2</u> | | |
| <u>3</u> | | |
| <u>4</u> | | |
| <u>5</u> | | |
| <u>6</u> | | |

☐ Mark (X) this box if you attach a continuation sheet.

CBI

[illegible]

²Use the codes provided in Exhibit 8-2 to designate the management methods

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☒ 8.22 Describe the combustion chamber design parameters for each of the three largest (by capacity) incinerators that are used on-site to burn the residuals identified in your process block or residual treatment block flow diagram(s).

☐

| Incinerator | Combustion Chamber Temperature (°C) | | Location of Temperature Monitor | | Residence Time In Combustion Chamber (seconds) | |
|-------------|-------------------------------------|-----------|---------------------------------|-----------|--|-----------|
| | Primary | Secondary | Primary | Secondary | Primary | Secondary |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |

Indicate if Office of Solid Waste survey has been submitted in lieu of response by circling the appropriate response.

Yes 1

No 2

8.23 Complete the following table for the three largest (by capacity) incinerators that are used on-site to burn the residuals identified in your process block or residual treatment block flow diagram(s).

☐

| Incinerator | Air Pollution Control Device ¹ | Types of Emissions Data Available |
|-------------|---|-----------------------------------|
| 1 | NA | NA |
| 2 | NA | NA |
| 3 | NA | NA |

Indicate if Office of Solid Waste survey has been submitted in lieu of response by circling the appropriate response.

Yes 1

No 2

¹Use the following codes to designate the air pollution control device:

S = Scrubber (include type of scrubber in parenthesis)

E = Electrostatic precipitator

O = Other (specify) _____

☐ Mark (X) this box if you attach a continuation sheet.

PART A EMPLOYMENT AND POTENTIAL EXPOSURE PROFILE

9.01 Mark (X) the appropriate column to indicate whether your company maintains records on the following data elements for hourly and salaried workers. Specify for each data element the year in which you began maintaining records and the number of years the records for that data element are maintained. (Refer to the instructions for further explanation and an example.)

CBI

☐

| Data Element | PLEASE SEE NOTE * | Data are Maintained for: | | Year in Which Data Collection Began | Number of Years Records Are Maintained |
|---|----------------------|--------------------------|---------------------|---|--|
| | | Hourly Workers | Salaried Workers | | |
| Date of hire | | NA | X | BEFORE 1978 ** | INDEFINITE |
| Age at hire | | NA | X | BEFORE 1978 | INDEFINITE |
| Work history of individual before employment at your facility | | NA | X | BEFORE 1978 | INDEFINITE |
| Sex | | NA | X | BEFORE 1978 | INDEFINITE |
| Race | | NA | X | BEFORE 1978 | INDEFINITE |
| Job titles | | NA | X | BEFORE 1978 | INDEFINITE |
| Start date for each job title | | NA | X | BEFORE 1978 | INDEFINITE |
| End date for each job title | | NA | X | BEFORE 1978 | INDEFINITE |
| Work area industrial hygiene monitoring data | | NA | NA | NA | NA |
| Personal employee monitoring data | | NA | NA | NA | NA |
| Employee medical history | | NA | NA | NA | NA |
| Employee smoking history | | NA | NA | NA | NA |
| Accident history | | NA | X | BEFORE 1978 | INDEFINITE |
| Retirement date | | NA | X | BEFORE 1978 | INDEFINITE |
| Termination date | | NA | X | BEFORE 1978 | INDEFINITE |
| Vital status of retirees | | NA | NA | NA | NA |
| Cause of death data | | NA | NA | NA | NA |

*NOTE: HOURLY WORKERS ARE HIRED THROUGH A CONTRACT EMPLOYER WHO KEEPS ALL PERSONNEL RECORDS.

* * IDI PROCESS STARTED UP 1978.

☐ Mark (X) this box if you attach a continuation sheet.

9.02 In accordance with the instructions, complete the following table for each activity in which you engage.

CBI

☐

| a. | b. | c. | d. | e. |
|-------------------------------------|-------------------------|-----------------------------|----------------------|---------------------------|
| <u>Activity</u> | <u>Process Category</u> | <u>Yearly Quantity (kg)</u> | <u>Total Workers</u> | <u>Total Worker-Hours</u> |
| Manufacture of the listed substance | Enclosed | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| | Controlled Release | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| | Open | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| On-site use as reactant | Enclosed | <u>141,437</u> | <u>3</u> | <u>4300</u> |
| | Controlled Release | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| | Open | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| On-site use as nonreactant | Enclosed | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| | Controlled Release | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| | Open | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| On-site preparation of products | Enclosed | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| | Controlled Release | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| | Open | <u>NA</u> | <u>NA</u> | <u>NA</u> |

☐ Mark (X) this box if you attach a continuation sheet.

9.03 Provide a descriptive job title for each labor category at your facility that encompasses workers who may potentially come in contact with or be exposed to the listed substance.

CBI

☐

Labor Category

Descriptive Job Title

A

GENERAL LABOR

B

C

D

E

F

G

H

I

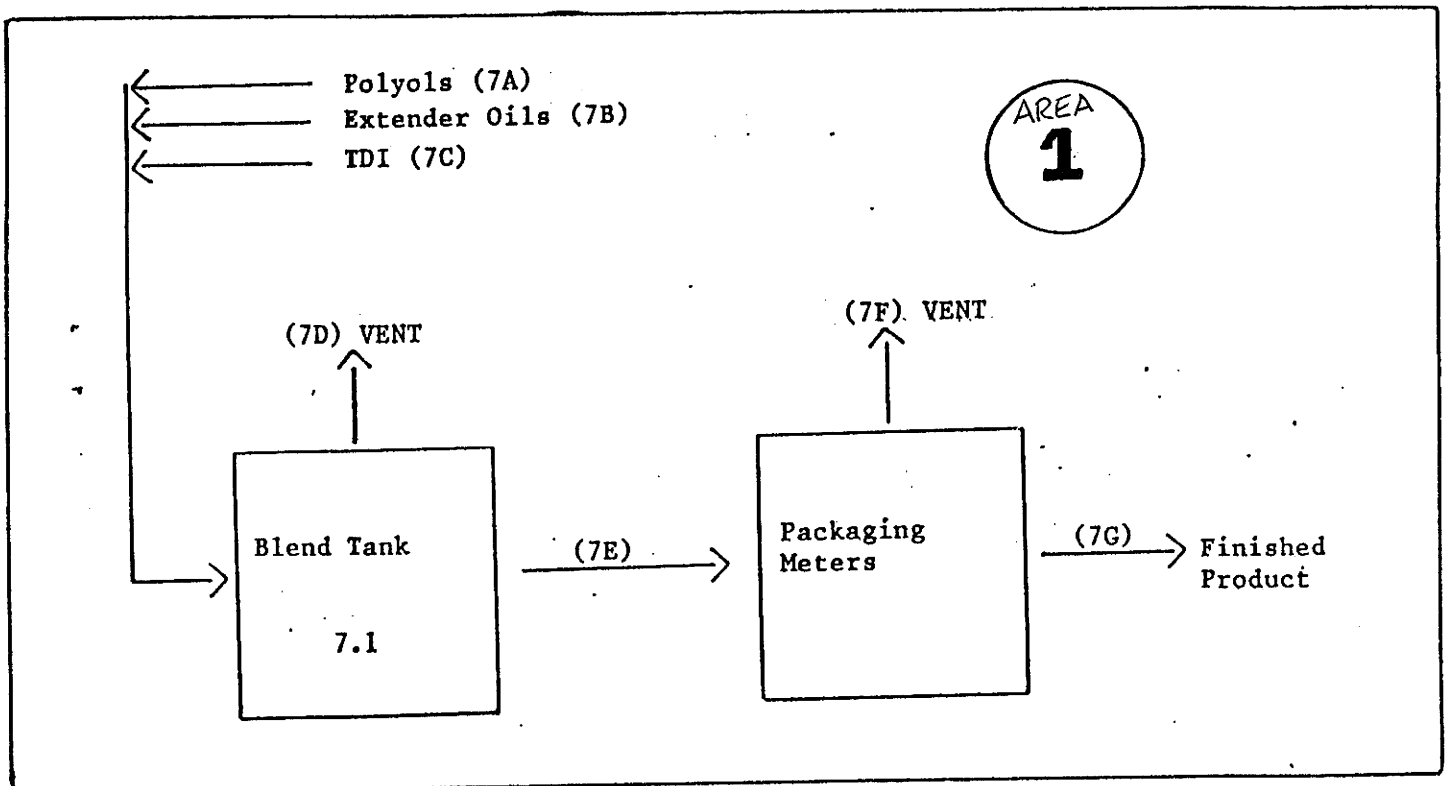
J

☐ Mark (X) this box if you attach a continuation sheet.

9.04 In accordance with the instructions, provide your process block flow diagram(s) and indicate associated work areas.

CBI

☐ Process type LIQUID CHEMICAL BLENDING PROCESS



☐ Mark (X) this box if you attach a continuation sheet.

9.05 Describe the various work area(s) shown in question 9.04 that encompass workers who may potentially come in contact with or be exposed to the listed substance. Add any additional areas not shown in the process block flow diagram in question 7.01 or 7.02. Photocopy this question and complete it separately for each process type.

CBI

☐ Process type LIQUID CHEMICAL BLENDING PROCESS

Work Area ID

Description of Work Areas and Worker Activities

1

WAREHOUSE / BLENDING + PACKAGING

2

3

4

5

6

7

8

9

10

☐ Mark (X) this box if you attach a continuation sheet.

9.06 Complete the following table for each work area identified in question 9.05, and for each labor category at your facility that encompasses workers who may potentially come in contact with or be exposed to the listed substance. Photocopy this question and complete it separately for each process type and work area.

☐ Process type LIQUID CHEMICAL BLENDING PROCESS

Work area 1

| Labor Category | Number of Workers Exposed | Mode of Exposure (e.g., direct skin contact) | Physical State of Listed Substance ¹ | Average Length of Exposure Per Day ² | Number of Days per Year Exposed |
|----------------|---------------------------|--|---|---|---------------------------------|
| <u>A</u> | <u>3</u> | <u>INHALATION</u> | <u>GU</u> | <u>E</u> | <u>240</u> |
| <u>A</u> | <u>3</u> | <u>DIRECT SKIN CONTACT</u> | <u>OL</u> | <u>B</u> | <u>50</u> |
| | | | | | |
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| | | | | | |

¹Use the following codes to designate the physical state of the listed substance at the point of exposure:

| | |
|--|---|
| GC = Gas (condensable at ambient temperature and pressure) | SY = Sludge or slurry |
| GU = Gas (uncondensable at ambient temperature and pressure; includes fumes, vapors, etc.) | AL = Aqueous liquid |
| SO = Solid | OL = Organic liquid |
| | IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene) |

²Use the following codes to designate average length of exposure per day:

| | |
|---|---|
| A = 15 minutes or less | D = Greater than 2 hours, but not exceeding 4 hours |
| B = Greater than 15 minutes, but not exceeding 1 hour | E = Greater than 4 hours, but not exceeding 8 hours |
| C = Greater than one hour, but not exceeding 2 hours | F = Greater than 8 hours |

☐ Mark (X) this box if you attach a continuation sheet.

CBI

Work area

[illegible]

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PART B WORK PLACE MONITORING PROGRAM

9.08 If you monitor worker exposure to the listed substance, complete the following table.

CBI

☐

| Sample/Test | Work Area ID | Testing Frequency (per year) | Number of Samples (per test) | Who Samples ¹ | Analyzed In-House (Y/N) | Number of Years Records Maintained |
|-------------------------|--------------|------------------------------|------------------------------|--------------------------|-------------------------|------------------------------------|
| Personal breathing zone | NA | NA | NA | NA | NA | NA |
| General work area (air) | 1 | DAILY (260) | CONTINUOUS | D | Y | NA |
| Wipe samples | NA | NA | NA | NA | NA | NA |
| Adhesive patches | NA | NA | NA | NA | NA | NA |
| Blood samples | NA | NA | NA | NA | NA | NA |
| Urine samples | NA | NA | NA | NA | NA | NA |
| Respiratory samples | NA | NA | NA | NA | NA | NA |
| Allergy tests | NA | NA | NA | NA | NA | NA |
| Other (specify) | | | | | | |
| NA | NA | NA | NA | NA | NA | NA |
| Other (specify) | | | | | | |
| | | | | | | |
| Other (specify) | | | | | | |
| | | | | | | |

¹Use the following codes to designate who takes the monitoring samples:

A = Plant industrial hygienist

B = Insurance carrier

C = OSHA consultant

D = Other (specify) SUPERVISORY PERSONNEL

☐ Mark (X) this box if you attach a continuation sheet.

9.09 For each sample type identified in question 9.08, describe the type of sampling and analytical methodology used for each type of sample.

| Sample Type | Sampling and Analytical Methodology |
|-----------------------|---|
| AIR-GENERAL WORK AREA | AIR SAMPLES PASSED THROUGH CHEMICALLY IMPREGNATED TAPE, READ BY OPTICAL DEVICE, PRINT-OUT ON CONTINUOUS CHART |
| | |
| | |
| | |

9.10 If you conduct personal and/or ambient air monitoring for the listed substance, specify the following information for each equipment type used.

| Equipment Type ¹ | Detection Limit ² | Manufacturer | Averaging Time (hr) | Model Number |
|-----------------------------|------------------------------|----------------|----------------------|--------------|
| E | 0.00-0.08 A | MDA SCIENTIFIC | 0.30 (CONTINUOUS) | 7000 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

¹Use the following codes to designate personal air monitoring equipment types:

- A = Passive dosimeter
- B = Detector tube
- C = Charcoal filtration tube with pump
- D = Other (specify) _____

Use the following codes to designate ambient air monitoring equipment types:

- E = Stationary monitors located within work area
- F = Stationary monitors located within facility
- G = Stationary monitors located at plant boundary
- H = Mobile monitoring equipment (specify) _____
- I = Other (specify) _____

²Use the following codes to designate detection limit units:

- A = ppm
- B = Fibers/cubic centimeter (f/cc)
- C = Micrograms/cubic meter (μm^3)

☐ Mark (X) this box if you attach a continuation sheet.

9.11 If you conduct routine medical tests for monitoring the health effects of exposure to the listed substance, specify the type and frequency of the tests.

CBI

☐

Test Description

Frequency
(weekly, monthly, yearly, etc.)

NA

NA

☐ Mark (X) this box if you attach a continuation sheet.

PART C ENGINEERING CONTROLS

9.12 Describe the engineering controls that you use to reduce or eliminate worker exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type LIQUID CHEMICAL BLENDING PROCESS

Work area 1

| <u>Engineering Controls</u> | <u>Used (Y/N)</u> | <u>Year Installed</u> | <u>Upgraded (Y/N)</u> | <u>Year Upgraded</u> |
|---|-----------------------|---------------------------|---------------------------|--------------------------|
| Ventilation: | | | | |
| Local exhaust | <u>Y</u> | <u>1978</u> | <u>Y</u> | <u>1980</u> |
| General dilution | <u>N</u> | <u>NA</u> | <u>N</u> | <u>NA</u> |
| Other (specify) _____ | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| Vessel emission controls | <u>Y</u> | <u>1978</u> | <u>N</u> | <u>NA</u> |
| Mechanical loading or packaging equipment | <u>Y</u> | <u>1978</u> | <u>N</u> | <u>NA</u> |
| Other (specify) <u>Nitrogen Positive Pressure</u> <u>Pad on Tanks</u> | <u>Y</u> | <u>1978</u> | <u>N</u> | <u>NA</u> |

☐ Mark (X) this box if you attach a continuation sheet.

9.13 Describe all equipment or process modifications you have made within the 3 years prior to the reporting year that have resulted in a reduction of worker exposure to the listed substance. For each equipment or process modification described, state the percentage reduction in exposure that resulted. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type LIQUID CHEMICAL BLENDING PROCESS

Work area 1

| Equipment or Process Modification | Reduction in Worker Exposure Per Year (%) |
|-----------------------------------|---|
| <u>NONE</u> | <u>NA</u> |
| | |
| | |
| | |
| | |

☐ Mark (X) this box if you attach a continuation sheet.

PART D PERSONAL PROTECTIVE AND SAFETY EQUIPMENT

9.14 Describe the personal protective and safety equipment that your workers wear or use in each work area in order to reduce or eliminate their exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

[] Process type LIQUID CHEMICAL BLENDING PROCESS

Work area _____

| <u>Equipment Types</u> | <u>Wear or Use (Y/N)</u> |
|---------------------------|--------------------------|
| Respirators | <u>Y</u> |
| Safety goggles/glasses | <u>Y</u> |
| Face shields | <u>N</u> |
| Coveralls | <u>Y</u> |
| Bib aprons | <u>N</u> |
| Chemical-resistant gloves | <u>Y</u> |
| Other (specify) | |
| <u>BOOTS</u> | <u>Y</u> |
| _____ | _____ |

[] Mark (X) this box if you attach a continuation sheet.

- 9.15 If workers use respirators when working with the listed substance, specify for each process type, the work areas where the respirators are used, the type of respirators used, the average usage, whether or not the respirators were fit tested, and the type and frequency of the fit tests. Photocopy this question and complete it separately for each process type.

CBI

☐ Process type LIQUID CHEMICAL BLENDING PROCESS

| Work Area | Respirator Type | Average Usage ¹ | Fit Tested (Y/N) | Type of Fit Test ² | Frequency of Fit Tests (per year) |
|-----------|-------------------------|----------------------------|------------------|-------------------------------|-----------------------------------|
| <u>I</u> | <u>ORGANIC CHEMICAL</u> | <u>E</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

¹Use the following codes to designate average usage:

A = Daily

B = Weekly

C = Monthly

D = Once a year

E = Other (specify) ONCE EVERY SIX WEEKS

²Use the following codes to designate the type of fit test:

QL = Qualitative

QT = Quantitative

☐ Mark (X) this box if you attach a continuation sheet.

PART E WORK PRACTICES

- 9.19 Describe all of the work practices and administrative controls used to reduce or eliminate worker exposure to the listed substance (e.g., restrict entrance only to authorized workers, mark areas with warning signs, insure worker detection and monitoring practices, provide worker training programs, etc.). Photocopy this question and complete it separately for each process type and work area.

CBI

☐

Process type LIQUID CHEMICAL BLENDING PROCESS

Work area 1

HAZARD COMMUNICATION TRAINING; SAFETY INSPECTIONS;

WEEKLY SAFETY MEETINGS.

ALL STORAGE AND PROCESS TANKS ARE MAINTAINED WITH A POSITIVE PRESSURE PAD OF NITROGEN GAS TO INHIBIT VAPORIZATION AND CONTAIN FUMES.

- 9.20 Indicate (X) how often you perform each housekeeping task used to clean up routine leaks or spills of the listed substance. Photocopy this question and complete it separately for each process type and work area.

Process type LIQUID CHEMICAL BLENDING PROCESS

Work area 1

| Housekeeping Tasks | Less Than Once Per Day | 1-2 Times Per Day | 3-4 Times Per Day | More Than 4 Times Per Day |
|------------------------------|---------------------------|----------------------|----------------------|------------------------------|
| Sweeping | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| Vacuuming | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| Water flushing of floors | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| Other (specify) | | | | |
| <u>ABSORBENT/NEUTRALIZER</u> | <u>X</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> |

☐ Mark (X) this box if you attach a continuation sheet.

~~9.21~~ Do you have a written medical action plan for responding to routine or emergency exposure to the listed substance?

Routine exposure

Yes 1

No 2

Emergency exposure

Yes 1

No 2

If yes, where are copies of the plan maintained?

Routine exposure: _____

Emergency exposure: _____

9.22 Do you have a written leak and spill cleanup plan that addresses the listed substance? Circle the appropriate response.

Yes ①

No 2

If yes, where are copies of the plan maintained? SPCC Plan in Manager's Office
+ Environmental Office

Has this plan been coordinated with state or local government response organizations?
Circle the appropriate response.

Yes ①

No 2

~~9.23~~ Who is responsible for monitoring worker safety at your facility? Circle the appropriate response.

Plant safety specialist 1

Insurance carrier 2

OSHA consultant 3

Other (specify) _____ 4

☐ Mark (X) this box if you attach a continuation sheet.

SECTION 10 ENVIRONMENTAL RELEASE

General Instructions:

Complete Part E (questions 10.23-10.35) for each non-routine release involving the listed substance that occurred during the reporting year. Report on all releases that are equal to or greater than the listed substance's reportable quantity value, RQ, unless the release is federally permitted as defined in 42 U.S.C. 9601, or is specifically excluded under the definition of release as defined in 40 CFR 302.3(22). Reportable quantities are codified in 40 CFR Part 302. If the listed substance is not a hazardous substance under the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA) and, thus, does not have an RQ, then report releases that exceed 2,270 kg. If such a substance however, is designated as a CERCLA hazardous substance, then report those releases that are equal to or greater than the RQ. The facility may have answered these questions or similar questions under the Agency's Accidental Release Information Program and may already have this information readily available. Assign a number to each release and use this number throughout this part to identify the release. Releases over more than a 24-hour period are not single releases, i.e., the release of a chemical substance equal to or greater than an RQ must be reported as a separate release for each 24-hour period the release exceeds the RQ.

For questions 10.25-10.35, answer the questions for each release identified in question 10.23. Photocopy these questions and complete them separately for each release.

PART A GENERAL INFORMATION

10.01 Where is your facility located? Circle all appropriate responses.

CBI

- ☐ Industrial area ①
- Urban area 2
- Residential area 3
- Agricultural area 4
- Rural area 5
- Adjacent to a park or a recreational area 6
- Within 1 mile of a navigable waterway 7
- Within 1 mile of a school, university, hospital, or nursing home facility 8
- Within 1 mile of a non-navigable waterway ⑨
- Other (specify) _____ 10

☐ Mark (X) this box if you attach a continuation sheet.

10.02 Specify the exact location of your facility (from central point where process unit is located) in terms of latitude and longitude or Universal Transverse Mercader (UTM) coordinates.

Latitude 29 ° 37 ' 30 "

Longitude 95 ° 2 ' 44 "

UTM coordinates Zone _____, Northing _____, Easting _____

~~10.03~~ If you monitor meteorological conditions in the vicinity of your facility, provide the following information.

Average annual precipitation _____ inches/year

Predominant wind direction _____

~~10.04~~ Indicate the depth to groundwater below your facility.

Depth to groundwater _____ meters

10.05 For each on-site activity listed, indicate (Y/N/NA) all routine releases of the listed substance to the environment. (Refer to the instructions for a definition of CBI Y, N, and NA.)

☐

| On-Site Activity | Environmental Release | | |
|-----------------------------|-----------------------|----------|----------|
| | Air | Water | Land |
| Manufacturing | <u>N</u> | <u>N</u> | <u>N</u> |
| Importing | <u>N</u> | <u>N</u> | <u>N</u> |
| Processing | <u>Y</u> | <u>N</u> | <u>N</u> |
| Otherwise used | <u>N</u> | <u>N</u> | <u>N</u> |
| Product or residual storage | <u>N</u> | <u>N</u> | <u>N</u> |
| Disposal | <u>N</u> | <u>N</u> | <u>N</u> |
| Transport | <u>N</u> | <u>N</u> | <u>N</u> |

☐ Mark (X) this box if you attach a continuation sheet.

10.06 Provide the following information for the listed substance and specify the level of precision for each item. (Refer to the instructions for further explanation and an example.)

CBI

☐

| | | |
|---|------------|---------------------|
| Quantity discharged to the air | <u>6.4</u> | kg/yr ± <u>UK</u> % |
| Quantity discharged in wastewaters | <u>0</u> | kg/yr ± <u>0</u> % |
| Quantity managed as other waste in on-site treatment, storage, or disposal units | <u>NA</u> | kg/yr ± <u>NA</u> % |
| Quantity managed as other waste in off-site treatment, storage, or disposal units | <u>NA</u> | kg/yr ± <u>NA</u> % |

☐ Mark (X) this box if you attach a continuation sheet.

10.08 Describe the control technologies used to minimize release of the listed substance for each process stream containing the listed substance as identified in your process block or residual treatment block flow diagram(s). Photocopy this question and complete it separately for each process type.

CBI

☐ Process type LIQUID CHEMICAL BLENDING PROCESS

| <u>Stream ID Code</u> | <u>Control Technology</u> | <u>Percent Efficiency</u> |
|-----------------------|---------------------------|---------------------------|
| <u>7C</u> | <u>ENCLOSED SYSTEM</u> | <u>NA</u> |
| <u>7E</u> | <u>ENCLOSED SYSTEM</u> | <u>NA</u> |
| <u>7G</u> | <u>ENCLOSED SYSTEM</u> | <u>NA</u> |
| <u>7D</u> | <u>NA (fugitives)</u> | <u>NA</u> |
| <u>7F</u> | <u>NA (fugitives)</u> | <u>NA</u> |
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☐ Mark (X) this box if you attach a continuation sheet.

PART B RELEASE TO AIR

- 10.09 Point Source Emissions -- Identify each emission point source containing the listed substance in terms of a Stream ID Code as identified in your process block or residual treatment block flow diagram(s), and provide a description of each point source. Do not include raw material and product storage vents, or fugitive emission sources (e.g., equipment leaks). Photocopy this question and complete it separately for each process type.

CBI

☐

Process type LIQUID CHEMICAL BLENDING PROCESS

Point Source
ID Code

Description of Emission Point Source

7D

BLEND TANK

7F

PACKAGING

☐ Mark (X) this box if you attach a continuation sheet.

☐ Mark (X) this box if you attach a continuation sheet.

10.10 Emission Characteristics -- Characterize the emissions for each Point Source ID Code identified in question 10.09 by completing the following table.

CBI

☐

| Point Source ID Code | Physical State ¹ | Average Emissions (kg/day) | Frequency ² (days/yr) | Duration ³ (min/day) | Average Emission Factor ⁴ | Maximum Emission Rate (kg/min) | Maximum Emission Rate Frequency (events/yr) | Maximum Emission Rate Duration (min/event) |
|-------------------------------|--------------------------------|----------------------------------|-------------------------------------|------------------------------------|--|---|---|--|
| 7D | G | 0.0005 | 50 | 240 | 1.8×10^{-7} | 3.5×10^{-7} | 50 | 240 |
| 7F | G | 0.0002 | 50 | 240 | 1.8×10^{-7} | 1.4×10^{-7} | 50 | 240 |
| | | | | | | | | |
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¹Use the following codes to designate physical state at the point of release:
G = Gas; V = Vapor; P = Particulate; A = Aerosol; O = Other (specify) _____

²Frequency of emission at any level of emission

³Duration of emission at any level of emission

⁴Average Emission Factor -- Provide estimated (\pm 25 percent) emission factor (kg of emission per kg of production of listed substance)

10.11 Stack Parameters -- Identify the stack parameters for each Point Source ID Code identified in question 10.09 by completing the following table.

CBI

☐

| Point Source ID Code | Stack Height(m) | Stack Inner Diameter (at outlet) (m) | Exhaust Temperature (°C) | Emission Exit Velocity (m/sec) | Building Height(m) ¹ | Building Width(m) ² | Vent Type ³ |
|-------------------------------|--------------------|--|--------------------------------|---|------------------------------------|-----------------------------------|---------------------------|
| 7D | NA | NA | 22 | UK | NA | NA | V |
| 7F | NA | NA | 22 | UK | NA | NA | V |
| | | | | | | | |
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¹Height of attached or adjacent building

²Width of attached or adjacent building

³Use the following codes to designate vent type:

H = Horizontal

V = Vertical

☐ Mark (X) this box if you attach a continuation sheet.

10.12 If the listed substance is emitted in particulate form, indicate the particle size distribution for each Point Source ID Code identified in question 10.09. Photocopy this question and complete it separately for each emission point source.

CBI

☐

Point source ID code NA

Size Range (microns)

Mass Fraction (% ± % precision)

| | |
|----------------|-----------|
| < 1 | <u>NA</u> |
| ≥ 1 to < 10 | <u>NA</u> |
| ≥ 10 to < 30 | <u>NA</u> |
| ≥ 30 to < 50 | <u>NA</u> |
| ≥ 50 to < 100 | <u>NA</u> |
| ≥ 100 to < 500 | <u>NA</u> |
| ≥ 500 | <u>NA</u> |

Total = 100%

☐ Mark (X) this box if you attach a continuation sheet.

PART C FUGITIVE EMISSIONS

10.13 Equipment Leaks -- Complete the following table by providing the number of equipment types listed which are exposed to the listed substance and which are in service according to the specified weight percent of the listed substance passing through the component. Do this for each process type identified in your process block or residual treatment block flow diagram(s). Do not include equipment types that are not exposed to the listed substance. If this is a batch or intermittently operated process, give an overall percentage of time per year that the process type is exposed to the listed substance. Photocopy this question and complete it separately for each process type.

CBI

☐ Process type LIQUID CHEMICAL BLENDING PROCESS
Percentage of time per year that the listed substance is exposed to this process type %

| Equipment Type | Number of Components in Service by Weight Percent of Listed Substance in Process Stream | | | | | Greater than 99% |
|---|---|-----------|-----------|-----------|-----------|------------------|
| | Less than 5% | 5-10% | 11-25% | 26-75% | 76-99% | |
| Pump seals ¹ | | | | | | |
| Packed | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| Mechanical | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| Double mechanical ² | <u>1</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>1</u> |
| Compressor seals ¹ | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| Flanges | <u>8</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>20</u> |
| Valves | | | | | | |
| Gas ³ | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| Liquid | <u>7</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>11</u> |
| Pressure relief devices ⁴ (Gas or vapor only) | <u>1</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>1</u> |
| Sample connections | | | | | | |
| Gas | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| Liquid | <u>1</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>0</u> |
| Open-ended lines ⁵ (e.g., purge, vent) | | | | | | |
| Gas | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| Liquid | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> |

¹List the number of pump and compressor seals, rather than the number of pumps or compressors

10.13 continued on next page

☐ Mark (X) this box if you attach a continuation sheet.

10.13 (continued)

²If double mechanical seals are operated with the barrier (B) fluid at a pressure greater than the pump stuffing box pressure and/or equipped with a sensor (S) that will detect failure of the seal system, the barrier fluid system, or both, indicate with a "B" and/or an "S", respectively

³Conditions existing in the valve during normal operation

⁴Report all pressure relief devices in service, including those equipped with control devices

⁵Lines closed during normal operation that would be used during maintenance operations

10.14 Pressure Relief Devices with Controls -- Complete the following table for those pressure relief devices identified in 10.13 to indicate which pressure relief devices in service are controlled. If a pressure relief device is not controlled, enter "None" under column c.

CBI

☐

| a. Number of Pressure Relief Devices | b. Percent Chemical in Vessel ¹ | c. Control Device | d. Estimated Control Efficiency ² |
|--|--|----------------------|--|
| 1 | <5% | NONE | NA |
| 1 | >99% | NONE | NA |
| | | | |
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¹Refer to the table in question 10.13 and record the percent range given under the heading entitled "Number of Components in Service by Weight Percent of Listed Substance" (e.g., <5%, 5-10%, 11-25%, etc.)

²The EPA assigns a control efficiency of 100 percent for equipment leaks controlled with rupture discs under normal operating conditions. The EPA assigns a control efficiency of 98 percent for emissions routed to a flare under normal operating conditions

☐ Mark (X) this box if you attach a continuation sheet.

10.15 Equipment Leak Detection -- If a formal leak detection and repair program is in place, complete the following table regarding those leak detection and repair procedures. Photocopy this question and complete it separately for each process type.

CBI

☐ Process type LIQUID CHEMICAL BLENDING

| Equipment Type | Leak Detection | Detection Device ¹ | Frequency of Leak Detection (per year) | Repairs Initiated (days after detection) | Repairs Completed (days after initiated) |
|---|--|-------------------------------|--|--|--|
| | Concentration (ppm or mg/m ³) Measured at _____ Inches from Source | | | | |
| Pump seals | | | | | |
| Packed | NA | NA | NA | NA | NA |
| Mechanical | NA | NA | NA | NA | NA |
| Double mechanical | NA | NA | NA | NA | NA |
| Compressor seals | NA | NA | NA | NA | NA |
| Flanges | NA | NA | NA | NA | NA |
| Valves | | | | | |
| Gas | NA | NA | NA | NA | NA |
| Liquid | NA | NA | NA | NA | NA |
| Pressure relief devices (gas or vapor only) | NA | NA | NA | NA | NA |
| Sample connections | | | | | |
| Gas | NA | NA | NA | NA | NA |
| Liquid | NA | NA | NA | NA | NA |
| Open-ended lines | | | | | |
| Gas | NA | NA | NA | NA | NA |
| Liquid | NA | NA | NA | NA | NA |

¹Use the following codes to designate detection device:

POVA = Portable organic vapor analyzer

FPM = Fixed point monitoring

0 = Other (specify) _____

☐ Mark (X) this box if you attach a continuation sheet.

☐ Mark (X) this box if you attach a continuation sheet.

- 10.16 Raw Material, Intermediate and Product Storage Emissions - - Complete the following table by providing the information on each liquid raw material, intermediate, and product storage vessel containing the listed substance as identified in your process block or residual treatment block flow diagram(s).

CBI

☐

| Vessel Type ¹ | Floating Roof Seals ² | Composition of Stored Materials ³ | Throughput (liters per year) | Vessel Filling Rate (gpm) | Vessel Filling Duration (min) | Vessel Inner Diameter (m) | Vessel Height (m) | Vessel Volume (l) | Operating Vessel Emission Controls ⁴ | Design Flow Rate ⁵ | Vent Diameter (cm) | Control Efficiency (%) | Basis for Estimate ⁶ |
|--------------------------|----------------------------------|--|------------------------------|---------------------------|-------------------------------|---------------------------|-------------------|-------------------|---|-------------------------------|--------------------|------------------------|---------------------------------|
| F | NA | 100% | 52,470 | 80 | 55 | 3.05 | 4.57 | 33046 | N ₂ Pad | NA | 7.6 cm | NA | NA |
| F | NA | 4% | 1,400,000 | 80 | 100 | 3.05 | 4.57 | 33046 | N ₂ Pad | NA | 20.3 cm | NA | NA |
| | | | | | | | | | | | | | |
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¹Use the following codes to designate vessel type:

F = Fixed roof
 CIF = Contact internal floating roof
 NCIF = Noncontact internal floating roof
 EFR = External floating roof
 P = Pressure vessel (indicate pressure rating)
 H = Horizontal
 U = Underground

²Use the following codes to designate floating roof seals:

MS1 = Mechanical shoe, primary
 MS2 = Shoe-mounted secondary
 MS2R = Rim-mounted, secondary
 LM1 = Liquid-mounted resilient filled seal, primary
 LM2 = Rim-mounted shield
 LMW = Weather shield
 VM1 = Vapor mounted resilient filled seal, primary
 VM2 = Rim-mounted secondary
 VMW = Weather shield

³Indicate weight percent of the listed substance. Include the total volatile organic content in parenthesis

⁴Other than floating roofs

⁵Gas/vapor flow rate the emission control device was designed to handle (specify flow rate units)

⁶Use the following codes to designate basis for estimate of control efficiency:

C = Calculations
 S = Sampling

PART E NON-ROUTINE RELEASES

10.23 Indicate the date and time when the release occurred and when the release ceased or was stopped. If there were more than six releases, attach a continuation sheet and list all releases.

| <u>Release</u> | <u>Date Started</u> | <u>Time (am/pm)</u> | <u>Date Stopped</u> | <u>Time (am/pm)</u> |
|----------------|---------------------|---------------------|---------------------|---------------------|
| 1 | NA | NA | NA | NA |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

~~10.24~~ Specify the weather conditions at the time of each release.

| <u>Release</u> | <u>Wind Speed (km/hr)</u> | <u>Wind Direction</u> | <u>Humidity (%)</u> | <u>Temperature (°C)</u> | <u>Precipitation (Y/N)</u> |
|----------------|---------------------------|-----------------------|---------------------|-------------------------|----------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |

☐ Mark (X) this box if you attach a continuation sheet.

May be used to comply with OSHA's Hazard Communication Standard, 29 CFR 1910.1200. Standard must be consulted for specific requirements.

U.S. Department of Labor
Occupational Safety and Health Administration
(Non-Mandatory Form)
Form Approved
OMB No. 1218-0072



IDENTITY (As Used on Label and List)
RE-PNEU or SUPERFLEX Component A

Note: Blank spaces are not permitted. If any item is not applicable, or no information is available, the space must be marked to indicate that.

| | |
|---|---|
| Manufacturer's Name ARNCO | Emergency Telephone Number (800)424-9300 |
| Address (Number, Street, City, State, and ZIP Code) One Centerpointe Drive | Telephone Number for Information (202)483-7616 |
| La Palma, CA 90623-1094 | Date Prepared March 1987 |
| (714)739-7900 | Signature of Preparer (optional) |

[illegible]

| | | | |
|-------------------------|--|---|------|
| Boiling Point | 440°F | Specific Gravity (H ₂ O = 1) | 1.01 |
| Vapor Pressure (mm Hg.) | NE | Melting Point | N/A |
| Vapor Density (AIR = 1) | NE | Evaporation Rate (Butyl Acetate = 1) | NE |
| Solubility in Water | Insoluble, reacts with water to liberate carbon dioxide gas. | | |
| Appearance and Odor | Coffee brown liquid, pungent odor. | | |

| | | | | |
|---|-----------|------------------|-----------|-----------|
| Flash Point (Method Used) | 356°F COC | Flammable Limits | LEL NE | UEL NE |
| Extinguishing Media Dry Chemical, chemical foam, carbon dioxide. | | | | |
| Special Fire Fighting Procedures Wear self-contained pressure demand breathing apparatus to guard against incompletely combusted carbon products. | | | | |
| Unusual Fire and Explosion Hazards Closed containers may explode from extreme heat or from water contamination (reaction releases carbon dioxide). | | | | |

Section V — Reactivity Data

| | | | |
|-----------|----------|---|---|
| Stability | Unstable | | Conditions to Avoid Moisture contamination will release carbon dioxide, leading to pressure build-up in closed containers. |
| | Stable | X | At ambient temperature and pressure. |

Incompatibility (Materials to Avoid) Water, alcohols, strong bases, oxidizers and amines.

Hazardous Decomposition or Byproducts High temperature and burning conditions may release TDI vapors, oxides of carbon and nitrogen, and traces of HCN.

| | | | |
|--------------------------|----------------|---|---|
| Hazardous Polymerization | May Occur | X | Conditions to Avoid Avoid prolonged heating above 160°F, for polymerization may occur but does not constitute a safety hazard. |
| | Will Not Occur | | |

Section VI — Health Hazard Data

Route(s) of Entry: Inhalation? X Skin? X Ingestion? X

Health Hazards (Acute and Chronic) INHALATION: May cause breathlessness, dizziness and nausea.

SKIN: Irritation and allergic sensitivity may occur for some individuals.

Carcinogenicity: NTP? Contains petroleum oils similar to ones categorized by IARC as causing skin cancer in mice after prolonged and repeated contact. Any potential hazard can be minimized by using recommended protective equipment to avoid skin contact and by washing thoroughly after handling. IARC Monographs? OSHA Regulated?

Signs and Symptoms of Exposure INHALATION: Immediate or delayed respiratory sensitization and asthma-like conditions.

SKIN: Reddening, swelling or blistering.

Medical Conditions Generally Aggravated by Exposure Pre-existing unspecific bronchial hypersensitivity and potentially, any allergies.

Emergency and First Aid Procedures

INHALATION: Remove person to fresh air. SKIN: Remove contaminated clothing, wipe affected area with isopropyl alcohol, followed by soap and water. EYES: Flush immediately with water for at least 15 minutes, get medical attention. INGESTION: Give large amounts of water and consult a physician.

Section VII — Precautions for Safe Handling and Use

Steps to Be Taken in Case Material is Released or Spilled Properly protected personnel should contain spill. Ventilate area, cover spill with sawdust, vermiculite or other absorbent material. Scoop and place in open container and treat with decontamination solution (93% water, 5% ammonia, 2% detergent). Leave open in a ventilated area for 24 hours.

Waste Disposal Method Bury or landfill decontaminated waste in accordance with Federal, State, and local environmental control regulations.

Precautions to Be Taken in Handling and Storing Store in tightly closed containers in a cool, dry place protected from heat and moisture contamination.

Other Precautions DO NOT RESEAL containers if contamination is suspected. Personal, good hygienic practices are recommended, like washing hands before eating or smoking.

Section VIII — Control Measures

Respiratory Protection (Specify Type) None at normal temperature. MSHA/NIOSH approved respirator for high concentrations and emergency conditions.

| | | | | |
|-------------|----------------------|---|---------|------------|
| Ventilation | Local Exhaust | Strongly recommended to maintain below OSHA TLV limits. | Special | None Known |
| | Mechanical (General) | Recommended | Other | None Known |

Protective Gloves Chemical Resistant, natural rubber Eye Protection Chemical worker's goggles

Other Protective Clothing or Equipment Laboratory coats or suitable clothing to avoid skin contact. Safety showers and eye wash stations.

Work/Hygiene Practices Wear protective equipment to prevent eye and skin contact.

RePneu, Part "A"

For Permanent Flatproofing of Moderate Pressure Tires

Mix Part "A" With an
Equal Volume of Part "B"

Read Material
Safety Data Prior to Use

Caution!

Contains TDI 2, 4 Isomer which, based on animal research, may cause cancer. Contains hydrocarbon oil, which has caused cancer in mice after prolonged and repeated contact. May also cause pulmonary sensitization or skin and eye irritation. Wear rubber gloves and eye protection when handling contents. Only use in a well ventilated area. Asthmatics may experience a severe reaction to vapors. **FOR CHEMICAL EMERGENCY: SPILL, LEAK, FIRE, EXPOSURE OR ACCIDENT CALL CHEMTREC - DAY OR NIGHT (800) 424-9300.**

First Aid

IF INHALED: Remove person to fresh air. If not breathing, give artificial respiration, preferably mouth-to-mouth. If breathing is difficult, give oxygen, call a physician.

SKIN CONTACT: Wash skin with soap and water. Remove contaminated clothing.

EYE CONTACT: Flush eyes with water; continue for at least 15 minutes. Call a physician.

Spill or Leak

In case of a liquid spill, absorb the spilled material with sawdust or vermiculite, sweep into a waste container, neutralize with decontamination solution (93% water, 5% ammonia, 2% detergent) and store opened container outdoors for a minimum of 24 hours. Disposal of neutralized waste must be in accordance with federal, state and local government environmental control regulations.

Safety Precautions:

1. For detailed safety and technical information, refer to the Material Safety Data Sheet and the Tire Flatproofing Manual.
2. Contents absorb moisture. Store below 90°F. temperature. Tighten caps to seal drums for storage.
3. Material temperature should be 72° F. minimum prior to processing. Cold materials become thick which slows pumping, and can cause inadequate mixing and poor cure.
4. Be sure to inspect all rims, lock rings, wheels, and associated restraining bolts for structural defects prior to processing. **Never leave pump unattended while in operation.**
5. Liquid pressure in flatproofing equipment is five times the air supply pressure. The high pressures generated can burst tires or dislodge split rims with a lethal force. Use a safety cage, chains or other restraining devices when processing tires. Be certain tires are never pressurized over manufacturer's rated pressures.
6. Place tires in horizontal position at 72°F. minimum to cure. Tires cured vertically on equipment must be elevated and rotated 180 degrees every two hours for 6 hours.
7. Disconnect material supply hoses with caution. Loosen couplings and release pressure slowly before disconnecting.
8. Reactive materials must be thoroughly flushed from the pump and lines after shut-down, with isopropyl alcohol. Solidified material is insoluble. Clean up any spilled material before cure.

Warning: This product contains a chemical known to the State of California to cause cancer.

NOTICE TO PURCHASER: The recommendations for the use of this material are based on tests believed to be reliable. Results obtained by others under different conditions are not guaranteed. Purchaser shall determine by separate tests that this product is suitable for its intended use. **NO WARRANTY OF FITNESS IS MADE FOR ANY PARTICULAR PURPOSE.**

ARNCO PRODUCTS ARE PROTECTED BY THE FOLLOWING PATENTS:
US 4461788, US 4426488, US 44166844, US 4327793, US 4310042, US 4273176,
US 4127166, US 4081429, US 4068690, US RE 29890



arnco

5141 Firestone Place
South Gate, CA 90280-3570
Phone: (213) 567-0587 (714) 739-7900

LOT NUMBER:

NET WEIGHT: 455 lbs.

SuperFlex, Part "A"

For Permanent Flatproofing of Low Pressure Tires

Mix Part "A" With an
Equal Volume of Part "B"

Read Material
Safety Data Prior to Use

Caution!

Contains TDI 2, 4 Isomer which, based on animal research, may cause cancer. Contains hydrocarbon oil, which has caused cancer in mice after prolonged and repeated contact. May also cause pulmonary sensitization or skin and eye irritation. Wear rubber gloves and eye protection when handling contents. Only use in a well ventilated area. Asthmatics may experience a severe reaction to vapors. **FOR CHEMICAL EMERGENCY: SPILL, LEAK, FIRE, EXPOSURE OR ACCIDENT CALL CHEMTREC - DAY OR NIGHT (800) 424-9300.**

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US 4127166, US 4081429, US 4068690, US RE 29890




arnco

5141 Firestone Place
South Gate, CA 90280-3570
Phone: (213) 567-0587 (714) 739-7900

LOT NUMBER:

NET WEIGHT: 453 lbs.

Aug 30 AM 9:47

| | | | | | | | | | |
|---|--|---|--|--|--|---|--|--|--|
| FORM OF PAYMENT CASH <input type="checkbox"/> GBL <input type="checkbox"/> CBL <input type="checkbox"/> <input type="text"/> FCCOD <input type="checkbox"/> | |  EXECUTIVE OFFICES—WILTON, CT. 06897 | | UNITED STATES / CANADA Same Day <input type="checkbox"/> Other <input type="checkbox"/> Next Morning <input checked="" type="checkbox"/> Metro <input type="checkbox"/> Second Morning <input type="checkbox"/> | | INTERNATIONAL Courier Express <input type="checkbox"/> Air Cargo Service <input type="checkbox"/> Air Economy Service <input type="checkbox"/> | | Business Documents <input type="checkbox"/> Customs Clearance <input type="checkbox"/> Delivery <input type="checkbox"/> | |
| PPD <input checked="" type="checkbox"/> COL <input type="checkbox"/> OTH <input type="checkbox"/> COMAT <input type="checkbox"/> | | | | Date 7/3/89 Origin HOU Shipment Number 211244293 7 | | | | | |
| From: JEANETTA T. DALY 713-474-5111 CARPENTER CHEMICAL CO 11002 CHDATE RD PASADENA TX 77507 | | | | To: CAIR REPORTING OFFICE DOCUMENT PROCESSING CENTER OFFICE OF TOXIC SUBSTANCES, TS-790 U.S. ENVIRONMENTAL PROTECTION AGENCY 401 M STREET, SW WASHINGTON, D.C. | | Saturday Delivery <input type="checkbox"/> | | Check to Shipper (Collect Customer Check Payable to Shipper) <input type="checkbox"/> | |
| Customer's Reference Numbers <input type="text"/> Zip 77507 | | | | Consignee's Emery Account No. E Zip 20460 | | | | | |
| Description and Marks COURIER PAR | | Dimensions Pcs. L W H 1 1 | | Total Pieces 1 | | Total Weight (In Lbs.) 1 | | | |
| TODSR <input type="checkbox"/> Haz Mat <input type="checkbox"/> Edit <input type="checkbox"/> | | A B C D E F G H I J K | | 1 2 3 4 5 6 7 8 9 0 1 2 | | Envelope <input type="checkbox"/> 9X12 <input checked="" type="checkbox"/> 12X15 <input checked="" type="checkbox"/> Pack <input type="checkbox"/> | | | |
| Shipper's Signature X | | Third party Emery Account Number mandatory for Third party billing. E | | Third Party Emery Account No. <input type="text"/> | | Information Delivery | | | |
| International Charges Free Domicile <input type="checkbox"/> Comm. Code <input type="text"/> | | Intl. Customs Value <input type="text"/> | | Intl. Insurance <input type="text"/> | | Time Delivered <input type="text"/> Date Delivered <input type="text"/> Pieces Delivered <input type="text"/> | | | |
| At Origin <input type="text"/> | | Base Charge <input type="text"/> | | At Destination <input type="text"/> | | Total Transportation Charges \$ <input type="text"/> | | Other Charges OC <input type="text"/> | |
| TOTAL | | Goods Rec'd At: | | Shippers Door <input checked="" type="checkbox"/> Drop Box <input type="checkbox"/> Emery Terminal <input type="checkbox"/> Carrier Advance <input type="checkbox"/> | | Receiver's Signature | | | |

DELIVERY RECEIPT — 5 —

Declared Value

\$

High Value

- | | |
|--|----------|
| <input type="checkbox"/> 10-1000 | A |
| <input type="checkbox"/> 1001-3000 | B |
| <input type="checkbox"/> 3001-6000 | C |
| <input type="checkbox"/> 6001-10,000 | D |
| <input type="checkbox"/> 10,001-30,000 | E |
| <input type="checkbox"/> 30,001-60,000 | F |
| <input type="checkbox"/> 60,001-Over NVD | G |

 CERTIFIED
 ORIGINAL TRUE COPY
 OF
 DELIVERY RECEIPT

2112442937



FORM OF PAYMENT *

CASH ☐ GBL ☐ CBL ☐ FCCOD ☐PPD ☐ COL ☐ OTH ☐ COMAT ☐E Shippers Emery Account Number
534970710**EMERY**
WORLDWIDE

2112442937



UNITED STATES / CANADA

STANDARD SERVICES *

Same Day ☐Next Morning ☐Second Morning ☐Other ☐Metro ☐☐

INTERNATIONAL

STANDARD SERVICES *

Courier Express ☐Air Cargo Service ☐Air Economy Service ☐Business Documents ☐Customs Clearance ☐Delivery ☐

Date

Origin

Shipment Number

7/3/89

HOU

211244293

From:

JEANETTA T. DALY 713-474-5111

CARPENTER CHEMICAL CO.

11002 CHDATE RD

PASADENA

TX

Canada ☐

Customer's Reference Numbers

Zip

77507

To:

CAIR REPORTING OFFICE

DOCUMENT PROCESSING CENTER

OFFICE OF TOXIC SUBSTANCES TS-790

U.S. ENVIRONMENTAL PROTECTION

401 M STREET, SW

WASHINGTON, D.C.

E

Consignee's Emery Account No.

Zip

20460

Saturday Delivery ☐

Tariff Dest.

Gateway

Check to Shipper

\$

Hold at Airport ☐Canada ☐☐

Emery will collect consignee's check made payable only to the shipper for the value of the goods in the amount shown above

Description and Marks

Pcs.

Dimensions

L

W

H

Total Pieces

Total Weight (in Lbs.)

COURIER PAK

1

1

TODSR ☐ Haz Mat ☐ Edit ☐

A

B

C

D

E

F

G

1

2

3

4

5

6

H

7

8

9

0

1

2

I

J

K

Envelope

9X12 ☐

Pack

12X15 ☐

Shipper's Signature X

International Charges

Free Bimile ☐

Comm. Code

Third party Emery Account Number mandatory for Third party billing.

Third Party Emery Account No.

E

At Orig.

Base Charge

At Destination

TOTAL

Intl. Customs Value

Intl. Insurance

Total Transportation Charges

Other Charges

OC-

\$

Rec'd By Emery

Time Received

Goods Rec'd At:

Shippers Door ☒Emery Terminal ☐Drop Box ☐Carrier Advance ☐

Date Received

By: Emery Representative.

Multiple Shpts. / Drop Box

1 2 3 4 5 6

7 8 9 0 1 2

Over 32 →

JUL 06 1989

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